

Brokers

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/019108

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/	/	/	/	51	
2	/	/	/	/	52	
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47					97	
48					98	
49					99	
50					100	
TOTAL IND.					TOTAL IND.	
TOTAL DER.					TOTAL DER.	
TOTAL CLMS	10	10	10	10	TOTAL CLMS	10

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS



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